

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20473**
2763

FILED JUL 5 1952 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1810 East 82nd Terr	
3. NAME OF DECEASED (Type or Print) MRS. LOIS		4. DATE OF DEATH (Month) (Day) (Year) June 14 1952	
a. (First) M		b. (Middle) M	
c. (Last) Hardin			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 27 1925
9. AGE (In years) 26		10. MONTHS 0 DAYS 0 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Montgomery Ward	
11. BIRTHPLACE (State or foreign country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME SHERMAN HENDERSON		13b. MOTHER'S MAIDEN NAME IVY MARKEY	
14. NAME OF HUSBAND OR WIFE JAMES L HARDIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-26-0566	
17. INFORMANT'S SIGNATURE OR NAME James L Hardin		ADDRESS 1810 East 82nd Terr	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degeneration of IV Lumbar Disc Sciatica ANTECEDENT CAUSES Degeneration of Cervical Curvature Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Irreversible Shock DUE TO (c) rupture of vena cava II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Degeneration of IV Lumbar Disc	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		735X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input checked="" type="checkbox"/> WORK	
21f. HOW DID INJURY OCCUR? Insidious development of low back pain & gradual development of paraplegia			
22. I hereby certify that I attended the deceased from June 19, 1952 to June 14, 1952 , that I last saw the deceased alive on June 14, 1952 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Specify) Campbell & Mc Cullough		23b. ADDRESS 333 Apple Bldg.	
23c. DATE SIGNED 6/16/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17 1952	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-17-52		REGISTRAR'S SIGNATURE Geraldine Holman	
25. FUNERAL DIRECTOR'S SIGNATURE Mark Robin		ADDRESS 20 W Linwood	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Ball 112

Sciatic

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Tarrest D Collins*

Licensed Embalmer No. *4714*

P. O. Address: *K C Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.